

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.5em; font-weight: bold;">10/088090</div>	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
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TOTAL IND.	1											
TOTAL DEP.	27											
TOTAL CLAIMS	28											

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS